

CHRP ALUMNI ASSOCIATION
SUNY DOWNSTATE MEDICAL CENTER
COLLEGE OF HEALTH RELATED PROFESSIONS
450 CLARKSON AVENUE, BOX 94
BROOKLYN, NY 11203-2098

Telephone: (718) 270-1372 • Fax: (718) 270-7702

CHRP Alumni Association Membership & Data Information Form

Please print information requested. Membership fee: \$25.00 for 12 months - make check payable to CHRPAlumni Association. PLEASE READ AND ANSWER INFORMATION ON PAGE 2 OF FORM. Return this form with your check for \$25.00 to address noted above.

PART A

Name _____
First Middle Last

Name when attending CHRP (if different from above):

Name _____

CHRP Program Information:

Year of Graduation Program Degree/Certificate received

Current Place of Employment (please indicate name, city & state): _____

Title of Job Position: _____

Advanced Education: Degree/Certificate: _____ Date _____

Institution: _____

PART B

Personal/Family Information (Optional):

City and State of Residence:

Name of Spouse: _____

Number of Children, names & ages: _____

Any other information you may want to share with other alumni (OR a representative from the Alumni Association can reach you. Please indicate day of week and time it is best to reach you as well as telephone number):

INFORMATION REQUESTED IN PART C BELOW WILL NOT BE USED IN NEWSLETTER. WE APPRECIATE YOUR COOPERATION IN SUBMITTING THIS DATA.

PART C

Home Address: _____
Street

City State ZipCode

Telephone (Home): () _____

(Office): () _____

Fax Number: () _____ (indicate if home or office)

E-mail: _____

How long have you been employed at your current place of employment (state years of employment): _____

PART D

Please read and answer if appropriate:

Data from PARTS A and B is intended for use in the CHRP Alumni Association Newsletter.

The information listed in the Newsletter in the Class Notes section will include your name, program and graduation year, job title, place of employment and advanced education (Part A). For those of you who want to report personal information -- marital status, # of children, etc., please do so in Part B. The information in Part B will be included if space permits.

_____ I DO NOT want the information supplied in Parts A and B to appear in the Newsletter.

_____ I only want the items checked in Parts A and B to appear in the Newsletter.